



## ***South Central MIRECC Communiqué***

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### ***“Closing the efficacy-effectiveness gap”***

*Editor’s note: Peer support groups and consumer operated services are important elements of recovery oriented mental health services, and both take a variety of forms. Many VA facilities already have peer support groups that meet on hospital grounds. Alcoholics Anonymous (AA), for example, is a common peer support group. Also, several VA PTSD programs support “alumni” aftercare groups that are self-led. The Vet-to-Vet program developed by Moe Armstrong is an example of a peer-led support group for veterans with serious mental illness. Consumer operated services are also not uncommon in the VA. Such services include laundries, print shops, cafés, and coffee shops, to name a few. Below is a description of a consumer operated center at the Waco VA in VISN 17.*

### **Peer Support and Consumer Operated Services**

Wayne Gregory, PhD, Central Texas Veterans Health Care System, Waco

The President’s New Freedom Commission, the VA Action Agenda, and the VA Mental Health Strategic Plan all call for greater formal involvement by veterans, or consumers, and family members in the development and provision of mental health services. Peer support, long a voluntary and almost serendipitous expression of the human spirit’s wish to help another, has been a frequent occurrence among our veterans’ groups in Waco. The current effort to refine and develop intentional rather than accidental opportunities for peers to help each other builds upon this wish to help and is one reason the helper receives help, as well as the “helpee.”

Consumer operated services, really more of a venue for services, have been in part an outgrowth of the consumer/survivor movement. To paraphrase a sociologist, “social movements begin when those who have been identified as the problem begin to see themselves as the solution to the problem” (CITE). Consumer operated services are those that, whether supplied by nonprofessionals or professionals, are selected and operated by consumers themselves.

Sometimes newer, and more controversial services like these, are held to higher standards of efficacy than services that are more familiar. Recent literature reviews provide a foundation for the efficacy of both peer support services and consumer operated services. Jean Campbell, PhD, has recounted the emerging evidence base for peer support services. Other reports (Judith Cook, PhD at [www.cmhsrp.uic.edu/nrtc/reports.asp](http://www.cmhsrp.uic.edu/nrtc/reports.asp)) delineate the efficacy of consumer operated services.

Interestingly, bringing the two together, Matt Chinman, PhD, reported at the recent VA Peer Support Conference in Memphis that peer support services appear to be especially effective when they are delivered in a consumer operated venue. The very existence of peer support and consumer operated services are powerful evidence of the emptiness and discrimination associated with stigma and mental illness. Both of these activities are also celebrations of recovery and resiliency – examples of and models for hope.

One such celebration in Central Texas is known as the Independence Center ([www.independencecenteronline.org](http://www.independencecenteronline.org)). This center is actually a drop-in center that is consumer operated.

Although it continues to be partnered by the VA, the local mental health authority and the Waco chapter of the National Alliance on Mental Illness, the Center itself, its activities, direction, philosophy and guiding spirit are all consumer driven. A 16 person Member Advisory Board, half veterans and half non-veteran consumers, provide leadership and guidance in all areas of Center functioning. It is a place where consumers gather to be around people who are successfully involved in recovery and not focusing on their illness. Consumers may provide for each other recreation opportunities, social activities, or nutrition and weight loss support. Peer supports provide Spanish language classes, computer classes, Wellness Recovery Action Plan classes, spiritual connection classes, among many others. The Center recently received a start-up grant for three years from a local foundation which has provided for a great many amenities, including a professional quality printer that the MAB will use to develop its own revenue stream – a printing business. The MAB has also recently elected to pursue a community based fund-raiser that will not only raise money for activities but will also raise community awareness and cause for celebration of resiliency, wellness and recovery from mental illness in our community. On its first birthday, the Mayor of Waco read a proclamation declaring the day “Independence Center Day” in Waco.

Professional staff have remained involved in the Independence Center development, mostly because we like being involved with such a healthy atmosphere and do not like being left out of such good things. Mostly, our job is to stay out of the way of the consumers and the MAB, give them our opinions when they ask and our admiration and gratitude for our partnership on a continuous basis.

For more information about peer support activities in Waco, TX, contact me at [Wayne.gregory@va.gov](mailto:Wayne.gregory@va.gov)



## Psychopharmacology Update 2006

The Baylor College of Medicine and South Central MIRECC will hold the ***Psychopharmacology Update 2006 October 13-14, 2006*** at the Houstonian Hotel. Scheduled speakers include:

A. John Rush, Jr., MD - “*STAR-D and Clinical Pearls for Treating Depression in the Real World*”  
Christopher J. McDougle, MD - “*The Psychopharmacology of Autism*”  
Joseph P. McEvoy, MD - “*A Clinician’s Guide to the CATIE Data*”  
Lauren B. Marangell, MD - “*Update on Bipolar Disorder*”  
Max Hirshkowitz, PhD - “*The New Psychopharmacology of Sleep*”  
Martha Sajatovic, MD - “*A Clinical Update on Geriatric Psychopharmacology*”  
M. Katherine Shear, MD - “*Trauma, Grief and Ethics*”  
Glen O. Gabbard, MD - “*Evaluation and Treatment of Complex Personalities*”

This meeting is approved for CME. To register, go to <http://cme.bcm.tmc.edu/1345> or call Baylor College of Medicine, Office of Continuing Medical Education at 713-798-8237 for a registration form. **South Central MIRECC Affiliates can have their registration fees covered by the MIRECC. To inquire about registering as a MIRECC Affiliate, contact Ms. Brenda Schubert at [Brenda.schubert@med.va.gov](mailto:Brenda.schubert@med.va.gov). The deadline for registration is September 15.**

The Houstonian Hotel is located at 111 North Post Oak Lane, Houston, TX 77024. To make reservations, call 800-231-2759. Please note: The deadline for the reduced conference rate at the hotel has passed.

For more information, go to the web site above or email the Baylor Office of Continuing Medical Education at [cme@bcm.tmc.edu](mailto:cme@bcm.tmc.edu).



## Meet the MIRECC Researchers

*Editor's note: With this issue, we begin a new series of brief interviews with South Central MIRECC researchers. This series is intended to introduce readers to these investigators and their research. The series should illustrate the wide range of mental health research conducted in VISN 16. We hope that this series will also cue other investigators about potential collaborations. I want to thank Dr. Stanley for agreeing to be the first interviewee.*

Interview with  
**Melinda A. Stanley, Ph.D.**  
Professor and Head, Division of Psychology  
Menninger Department of Psychiatry and Behavioral Sciences  
Baylor College of Medicine  
and Michael E. DeBakey VA Medical Center, Houston, TX

**Editor:** *Dr. Stanley, what is your area of research?*

**Dr. Stanley:** The majority of my work addresses the treatment of anxiety and depression in older adults, with an emphasis on cognitive behavior therapy (CBT) and the provision of care in non-mental health settings. Most older adults with mental health problems do not present for care in a traditional mental health setting. More often, care for these individuals is provided in medical or community-based settings, where anxiety and depression frequently remain unrecognized and under treated. CBT is of potential value for older adults given its skills-based, collaborative approach. Previous studies have suggested that CBT can reduce anxiety and depression for older patients, although most studies have been conducted in academic psychiatry/psychology clinics. Of interest to me is the value that these treatments might have when implemented in more “real-world” settings to improve the lives of older people. So in recent years, our work has focused largely on testing treatments for anxiety delivered in primary care and community settings where older adults already are receiving care.

**Editor:** *What active studies do you have going?*

**Dr. Stanley:** We are nearing completion of one large NIMH-funded clinical trial that examines the impact of CBT for older adults with generalized anxiety disorder (GAD) in primary care. Patient recruitment has occurred in collaboration with Kelsey-Seybold Clinic, a multidisciplinary health care provider in the Houston area. By September 2006, 140 patients will have been included. Preliminary results suggest positive effects of CBT relative to Usual Care (UC). Final post-treatment assessments will be completed by January 2007, and one-year follow-up data will be available by January 2008.

The MIRECC has funded a pilot study to expand the results of the NIMH trial by testing a version of treatment that is more sustainable in primary care. We are continuing to identify primary care patients who have GAD, with or without depression, but we have broadened our collaborations to include Family Practice and Internal Medicine Clinics at Baylor College of Medicine as well as Prime Care Clinics at the Houston MEDVAMC. We expect that patient demographics will reflect a more heterogeneous group than in prior studies. To further increase translational value of the treatment, we are utilizing a more flexible version of CBT that includes telephone-based care and skill-based modules that vary across patients. Identification of patients and ongoing communication with primary care providers occur via electronic medical records (EMR), and we are comparing outcomes following treatment provided by expert Anxiety Clinic Specialists and non-expert Counselors. Our goal is to include 20 patients. We are about halfway there, and we recently submitted a proposal to NIMH to conduct an expanded version of this project.

We also are collecting pilot data to develop and pilot test a version of CBT that will be of use to older adults with anxiety and dementia. All treatment trials with older anxious adults to date have excluded people with dementia given concerns that CBT skills are not appropriate for this group. We are working,

however, to modify treatment by simplifying skills, using different learning and memory techniques, and involving “collaterals,” defined as people with whom the dementia patient spends a meaningful amount of time. As we collect preliminary pilot data, we are pursuing NIMH funding for this work.

As co-Investigator, I have been collaborating for some years with Dr. Mark Kunik on his research addressing the treatment of anxiety and depression in patients with COPD and with Ms. Nancy Wilson on her work to integrate treatment for depression into ongoing community care management programs for senior adults. And finally, I am assisting both Mark and Nancy in their efforts to develop a community-academic partnership with the Harris County Hospital District to facilitate collaborative projects that address the development and testing of treatment models for underserved Hispanic adults with anxiety and depression.

**Editor:** *What are the implications or potential benefits of your research?*

**Dr. Stanley:** Hopefully, our treatment studies will lead to improved care for older adults with anxiety problems and more efficient provision of mental health care for these patients in medical and community settings. Alternative benefits of the research program involve the training of young psychologists, social workers, and psychiatrists. All of our studies include staff who are in various training positions (e.g., graduate students, interns, post-doctoral fellows, residents). They advance their training by participating, and we benefit from their enthusiasm and skills.

**Editor:** *How did you get started in this area of research?*

**Dr. Stanley:** My early career efforts focused on treatment of the anxiety disorders in younger adults. Colleagues and I conducted studies with patients who had panic disorder, social phobia, obsessive-compulsive disorder, and trichotillomania. About 10 years ago, a colleague suggested that we conduct our next study with older adults given that so little was known about the treatment of anxiety in this age group despite quite high prevalence. Since then, I have been fortunate to hook up with an excellent group of colleagues in the aging area. They are competent and caring people who have pulled me along and taught me much, given that I was not trained as a geropsychologist. This work is very rewarding given the excellent colleagues, the help that we are able to provide to patients who enter our studies, and the contributions we are making (though small) to improve the mental health of older people and train new mental health providers and researchers.

**Editor:** *What person or experience had the most influence on your research career?*

**Dr. Stanley:** Many mentors were influential in my early professional life, but Dr. Samuel Turner probably had the most significant influence on the ultimate direction of my career. I completed an internship and fellowship under his supervision, and he continued to provide guidance for me in various ways until his death last year. He was a brilliant psychopathologist and a model scientist-practitioner. Although he was a tough mentor in the early years, he never once was too busy to answer a question, read a grant application, or give advice. Even toward the end of his life, when he was very ill, he made time for mentoring and offered helpful advice.

In more recent years, the MIRECC’s own Dr. Mark Kunik has had a significant impact on the direction of my career. He was the primary impetus for my move to Baylor 2 years ago, and my career has taken on some excellent new directions as a result. The MIRECC already knows that Mark is an excellent clinician, academician, and administrator, but most important to me are his strong values and genuine interest in using his position to improve the lives of others. I am very pleased to be working more closely with him and his division since my move to Houston.

**Editor:** *What advice would you give to junior investigators and to people who are new to research?*

**Dr. Stanley:** Finding a mentor who is doing work that interests you is a great way to get started. The given and take of a good mentor relationship is invaluable.

**Editor:** Thank you for taking the time to tell us about your research. What is the best way for people to get in touch with you if they have additional questions about your work?

**Dr. Stanley:** E-mail is best – [mstanley@bcm.edu](mailto:mstanley@bcm.edu).



## Research Rounds

The South Central MIRECC begins a **Research Rounds series** on the second Monday of each month at 2:00 PM CT. This month's presentation by Mark Kunik, MD, MPH, is "**CBT for Anxiety/Depression in COPD: Next Steps?**" Dr. Kunik is Associate Director for Research Training for the MIRECC.

The purpose of the program is to increase the knowledge of MIRECC investigators about each others' research interests and expertise. This series employs a commercial web-based conferencing technology called Web-Ex. Please contact Dr. Thomas Teasdale ([Thomas-teasdale@ouhsc.edu](mailto:Thomas-teasdale@ouhsc.edu)) for information about how to access the system.

## Training Residents in Psychiatry Scholarship (TRIPS)

The Training Residents in Psychiatry Scholarship (TRIPS) program was developed to give residents early exposure to research and mentorship, increase the number of psychiatry residents entering post-residency research training fellowships in VISN 16, and encourage research careers within the VA. Of the first 6 scholars to graduate, 50% have pursued academic careers.

The program accepts scholars (PGY-2 residents) each year from affiliated departments of psychiatry (University of Mississippi Medical Center in Jackson, MS; University of Arkansas for Medical Sciences in Little Rock, AR; Tulane University School of Medicine in New Orleans, LA; Baylor College of Medicine in Houston, TX; Louisiana State University in Shreveport, LA; and University of Oklahoma Health Sciences Center in Oklahoma City), assigns them a mentor, provides education regarding academic and research careers, and supports their attendance to at least one research conference. In addition, each resident is awarded \$1,000 for tuition and books upon the successful completion of their fellowship.

For further information about this program, please contact Mark E. Kunik, MD, MPH, MIRECC Associate Director for Research Training, at [mkunik@bcm.edu](mailto:mkunik@bcm.edu).

## VISN 16 Virtual Library

### CRL Online: Drug Information at the Point of Care

Mary E. Hess, Southeast Louisiana Veterans Health Care System, New Orleans

Current drug information is available at the point of care through *CRL Online* on the VISN 16 Virtual Library web page. Written in a brief, handbook style, the drug monographs are easily navigated through the use of drop down menus. In addition to the monographs, features of the database include pill identification, customizable patient education handouts through the Patient Advisory Leaflet System (PALS) and extensive drug interaction search options as well as lists of New Drugs, FDA Recalls, Special Alerts and Material Safety Data Sheets.

For a half hour of continuing education credit, see This Month's Tip – *CRL Online* on the VISN 16 Virtual Library page. <http://vaww.v16.med.va.gov/sites/Library/default.aspx>

## MIRECC Personnel in the News

**Michelle Sherman, PhD**, was presented with the VA Section of Division 18 of the American Psychological Association (APA) *2006 Outstanding Researcher* award in recognition of her exemplary work with veterans and families over the last 10 years at the Oklahoma City VA Medical Center. The award was presented at the APA meeting in New Orleans, August 11. Dr. Sherman is also co-Chair of the MIRECC Family Studies Team.

In addition, Dr. Sherman was recently appointed to the American Psychological Association's Presidential Task Force on Military Deployment Services for Youth, Families and Service Members. Congratulations to Dr. Sherman!

**Mark E. Kunik, MD, MPH**, is the newest member of the American Psychiatric Association Council on Aging. His term runs from 2006 to 2011. Dr. Kunik is at the Houston Center for Quality of Care & Utilization Studies, Michael E. DeBakey VA Medical Center and Baylor College of Medicine. His is also the MIRECC Associate Director for Research Training. Congratulations to Dr. Kunik!

## Impulsive Aggression & Combat PTSD

The MIRECC *Bringing Science to Practice* web-based conference series presents on “**Impulsive Aggression in Combat-Related PTSD: Clinical/Neurobiological Features and Treatment**,” by Lisa Miller, MD, on September 21, noon to 1:00 PM CT. Dr. Miller is a neurologist, psychiatrist, and cognitive behavioral therapist who has completed her first year of a two-year MIRECC Psychiatry Research Fellowship. Her research interests include impulsive aggression, PTSD, cognitive behavioral therapy, and neuroimaging in neurobiological characterization of impulsive aggression in PTSD.

The PowerPoint slides for Dr. Miller's presentation can be downloaded from a VA-networked computer at <http://vaww.visn16.med.va.gov/mirecc.htm> beginning September 20. The live audioconference can be accessed September 20 at **1-800-767-1750, access code 45566#**. This presentation is accredited for 1.0 hour of discipline-specific continuing education by the VA Employee Education System. For additional information about this program, contact [Randy.burke@med.va.gov](mailto:Randy.burke@med.va.gov)



## September Conference Calls

**1-800-767-1750**

- 4—Education Core, 2:00 PM CT, *cancelled*
- 12—Directors Call, 3:30 PM CT, access code 19356#
- 22—PSR Group Call, noon CT, access code 85388#
- 26—Directors Call, 3:30 PM CT, access code 19356#
- 20—Program Assistants, 1:00 PM CT, access code 43593#

The next issue of the *South Central MIRECC Communiqué* will be published October 2, 2006. Deadline for submission of items to the October newsletter is September 26. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Michael R. Kauth, Ph.D., at [Michael.Kauth@med.va.gov](mailto:Michael.Kauth@med.va.gov) or FAX to (504) 619-4086.

South Central MIRECC Internet site: [www.va.gov/scmirecc/](http://www.va.gov/scmirecc/)

SC MIRECC intranet site: [vaww.visn16.med.va.gov/mirecc.htm](http://vaww.visn16.med.va.gov/mirecc.htm)

National MIRECC Internet site: [www.mirecc.med.va.gov](http://www.mirecc.med.va.gov)